

SENDER, COMPLETE THIS SECTION
Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hershel Slaughter, #363-213
WCI, P.O. Box 120
Lebanon, OH 45036-0120

0160868#14

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X *[Signature]* ☐ Add
B. Received by (Printed Name) ☐ Date of Delivery
Charles Carlin 5/17/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7003 0500 0002 0889 8103

PS Form 3811, August 2001

Domestic Return Receipt

1025